

Emergency Form

Student's Name _____

How will we be able to reach you in case of an emergency with your child?

Father	Home Phone	Cell Phone	Work Phone
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Mother	Home Phone	Cell Phone	Work Phone
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Please list below, persons we may contact who are authorized by you who will assume responsibility for your child if you cannot be reached in case of an emergency situation.

Name	Address	Phone	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

EMERGENCY MEDICAL TREATMENT

European Academy of Early Education has my permission to consult the physician named in case of an emergency and I cannot be reached. I agree to be financially responsible for the costs of medical treatment obtained under the authorization.

Parent Signature

Date

CRITICAL EMERGENCY MEDICAL TREATMENT

In case of an immediate or critical emergency. EAEE has my permission to contact 911.

Parent Signature

Date

Are there any health problems we should be aware of? Yes _____ No _____ If yes, please list:

Child's Physician's Name _____

Phone _____ Preferred Hospital _____

Notary

Date